

GENERAL FACT SHEET

BILL NUMBER 13-9

BRIEF TITLE	APPROVAL DEADLINE	REASON
Active Living Center (ALC) Ground		ALC was constructed on City Property and a lease
Lease		agreement is necessary for the condominium.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>The ALC was constructed on city property. The desires to lease to the Association the premise for use of the ALC Building in accordance with the terms and conditions set forth in the lease.</p>	Sponsor	Lynn Johnson
	Program Departments, or Groups Affected	Parks and Recreation
	Applicants/ Proponents	<p>Applicant: Lynn Johnson</p> <p>Finance/Accounting</p> <p>City Department: Parks and Recreation</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>The term for the lease is for 30 years initially and can be renewed for two (2) additional terms of ten (10) years each. Additional renewals of ten (10) years may be negotiated upon mutual agreement of the parties. Other covenants and agreements are outlined in the lease.</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommend.	X For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	<p>BY</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
	SOURCE OF FUNDS	CITY [Approximately]
\$ N/A % _____		
\$ _____ % _____		
\$ _____ % _____		
NON CITY [Approximately]		
\$ _____ % _____		
BENEFIT COST	<input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot	
<div style="text-align: right;">Average Assessment</div> \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

4.